

OMB No. 1545-0008

a Control number 001	1 Wages, tips, other compensation 10039.66	2 Federal income tax withheld 5000.00
	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 4808.07	6 Medicare tax withheld 82.37

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICES
330 MOUNT AUBURN STREET
CAMBRIDGE, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

b Employer's identification number

04-3026897

13 See Instrs. for Box 13

SICK PAY
(J) 64883.18

d Employee's social security number

024-28-8555

14 Other

e Employee's name, address, and ZIP code

ANTHONY SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA. 01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshid. emp.	Subtotal	Deferred compensation
1995					10039.66	
16 State Employer's state I.D. No.		17 State wages, tips, etc.				
		10039.66				
18 State income tax		19 Locality name				
0.00						
20 Local wages, tips, etc.		21 Local income tax				
10039.66		0.00				

Form **W-2** Wage and Tax
Statement
Copy for EMPLOYEE'S
State, City, or Local
Income Tax Return

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008

a Control number	1 Wages, tips, other compensation 74246.24	2 Federal income tax withheld 3600.00
	3 Social security wages 61200.00	4 Social security tax withheld 3794.40
	5 Medicare wages and tips 74246.24	6 Medicare tax withheld 1076.57

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included

b Employer's identification number

043026897

13 See Instrs. for Box 13

C 1453.92

d Employee's social security number

024-28-8555

14 Other

e Employee's name, address, and ZIP code

ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA
01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshid. emp.	Subtotal	Deferred compensation
1995		X			74246.24	
16 State Employer's state I.D. No.		17 State wages, tips, etc.				
MA		042103606				
18 State income tax		19 Locality name				
4232.58						
20 Local wages, tips, etc.		21 Local income tax				

Form **W-2** Wage and Tax
Statement
Copy for EMPLOYEE'S
State, City, or Local
Income Tax Return

Department of the Treasury—Internal Revenue Service

a Control number 00		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer's identification number 04-3026897		1 Wages, tips, other compensation 12182.00		2 Federal income tax withheld 8000.00			
c Employer's name, address, and ZIP code MOUNT AUBURN PROFESSIONAL SVCS. 330 MOUNT AUBURN STREET CAMBRIDGE MA 02238		3 Social security wages 0.00		4 Social security tax withheld 0.00			
		5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00			
		7 Social security tips 0.00		8 Allocated tips 0.00			
d Employee's social security number 024-28-8555		9 Advance EIC payment		10 Dependent care benefits			
e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NAHANT ROAD NAHANT MA 01908		11 Nonqualified plans		12 Benefits included in box 1			
		13 See Instrs. for box 13 SICK PAY (J) 78728.46		14 Other			
		15 Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Hshld emp. <input type="checkbox"/> Subtotal <input type="checkbox"/> Deferred compensation <input type="checkbox"/>					
16 State Employer's state I.D. No.	17 State wages, tips, etc. 12182.00	18 State income tax 0.00	19 Locality name	20 Local wages, tips, etc. 12182.00	21 Local income tax 0.00		

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)

Department of the Treasury-Internal Revenue Service

Form **W-2** Wage and Tax Statement **1996**

a Control number 00		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer's identification number 04-3026897		1 Wages, tips, other compensation 3780.91		2 Federal income tax withheld 3000.00			
c Employer's name, address, and ZIP code MOUNT AUBURN PROFESSIONAL SVCS. 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02238		3 Social security wages 0.00		4 Social security tax withheld 0.00			
		5 Medicare wages and tips 0.00		6 Medicare tax withheld 0.00			
		7 Social security tips 0.00		8 Allocated tips 0.00			
d Employee's social security number 024-28-8555		9 Advance EIC payment		10 Dependent care benefits			
e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NAHANT ROAD NAHANT, MA 01908		11 Nonqualified plans		12 Benefits included in box 1			
		13 See Instrs. for box 13 J 24434.81		14 Other SICK PAY			
		15 Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Hshld emp. <input type="checkbox"/> Subtotal <input type="checkbox"/> Deferred compensation <input type="checkbox"/>					
16 State Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax		

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)

Department of the Treasury-Internal Revenue Service

Form **W-2** Wage and Tax Statement **1996**

Copy C For EMPLOYEE'S RECORDS
(See Notice)**1997**OMB No.
1545-0008

a Control number 7827	1 Wages, tips, other comp. 4327.03	2 Federal income tax withheld 3433.33
b Employer's ID no. 043026897	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

Mount Auburn Professional Services
330 Mount Auburn Street
Cambridge, MA. 02238

f Employee's social security number
024-28-8555

g Employee's name, address, and ZIP code

Anthony Scapicchio
240 Nahant Street
Nahant, MA. 01908

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

13 See Instrs. for Box 13

J 27964.29

14 Other

Sick Pay

5 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
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MA **4327.03**

16 State Emplr's state I.D. #

17 State wages, tips, etc.

18 State income tax

19 Locality name

4327.03

20 Local wages, tips, etc.

21 Local income tax

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

41-1628061

Copy C For EMPLOYEE'S RECORDS

(See Notice to Employee on back of Copy B.)

1998OMB N
1545-0

a Control number	1 Wages, tips, other comp. 26,130.43	2 Federal income tax withheld 20,566.67
b Employer ID number 04-3026897	3 Social security wages	4 Social security tax withheld
	5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICES
330 MOUNT AUBURN STREET
CAMBRIDGE, MA 02238

d Employee's social security number

024-28-8555

e Employee's name, address, and ZIP code

ANTHONY SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA 01908

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box

13 See Instrs. for box 13

J 168,872.93

14 Other

SICK PAY

15 Statutory employee	Deceased	Pension plan	Legal rep.	Deferred comp.
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MA **04-3026897** **26,130.43**

16 State Employer's state I.D. #

17 State wages, tips, etc.

18 State income tax

19 Locality name

20 Local wages, tips, etc.

21 Local income tax

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if this income is taxable and you fail to report it.

41-1628

a Control number 177743	Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		1 Wages, tips, other compensation 14626.02	2 Federal income tax withheld 7500.00
c Employer's name, address, and ZIP code MOUNT AUBURN HOSPITAL 330 MT AUBURN STREET SUB 0000 LOC 00000000 CAMBRIDGE, MA 02138		b Employer identification number 04-3026897	3 Social security wages	4 Social security tax withheld
		d Employee's social security number 024-28-8555	5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips	9 Advance EIC payment
e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NAHANT ROAD NAHANT, MA 01908		10 Dependent care benefits	13 See Instrs. for box 13 J 94523.34	14 Other SICK PAY
		11 Nonqualified plans		
		12 Benefits included in box 1		
		15 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Deferred compensation		
16 State MA	Employer's state I.D. no.	17 State wages, tips, etc. 14626.02	18 State income tax	19 Locality name
			20 Local wages, tips, etc. 14626.02	21 Local income tax

Form W-2 Wage and Tax Statement**1999**

OMB No. 1545-0008

Department of the Treasury-Internal Revenue Service

OMB No. 1545-0008

<small>This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</small>	1 Wages, tips, other compensation	2 Federal income tax withheld
	15064.80	0.00
	3 Social security wages	4 Social security tax withheld
	0.00	0.00
	5 Medicare wages and tips	6 Medicare tax withheld
	0.00	0.00

Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code
MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1

b Employer's identification number	d Employee's social security number
043026897	024-28-8555
13 See Instrs. for Box 13	14 Other
C 0.00 G 97359.06	

e Employee's name, address, and ZIP code
ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT MA 01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Deferred compensation
		X		

Form W-2 Wage and Tax Statement 2000	16 State	Employer's state I.D. No.	17 State wages, tips, etc.
	MA	043026897	15064.80
	18 State income tax	19 Locality name	
	0.00		
	20 Local wages, tips, etc.	21 Local income tax	

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

Instructions (Also see Notice to Employee on back of Copy B)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the Federal income tax withheld line of your tax return.

Box 3. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or 1040A.

Box 10. This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or section 457 plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457 plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return.

Note: If a year follows code D, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

B—Uncollected Medicare tax on tips (Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

C—Cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan (see "Adjusted Gross Income" in the Form 1040 instructions for how to deduct)

J—Nontaxable sick pay (not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments (see "Total Tax" in the Form 1040 instructions)

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)

N—Uncollected Medicare tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

Q—Military employee basic housing, subsistence, and combat zone compensation (use this amount if you qualify for EIC)

R—Employer contributions to your medical savings account (MSA) (see Form 8853, Medical Savings Accounts and Long-Term Care Insurance Contracts)

S—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5)

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. Also, the elective deferrals in box 12 (codes D, E, F, G, H, and S) (for all employers, and for all such plans to which you belong), are generally limited to \$10,500. Elective deferrals for section 403(b) contracts are limited to \$10,500 (\$13,500 in some cases; see Pub. 571). The limit for section 457(b) plans is \$8,500. Amounts over these limits must be included in income. See "Wages, Salaries, Tips, etc." in the Form 1040 instructions.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Review the information shown on your annual (for workers over 25) Social Security Statement.

OMB No. 1545-0008

Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

1 Wages, tips, other compensation	2 Federal income tax withheld
15516.72	1200.00
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		J 15516.72
12b	12c	12d
b Employer identification number		d Employee's social security number
043026897		024-28-8555
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other		

e Employee's name, address, and ZIP code

ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT MA 01908

Form	15 State	Employer's state ID number	16 State wages, tips, etc.
W-2	MA	0423026897	15516.72
age and Tax		17 State income tax	18 Local wages, tips, etc.
atement		0.00	
0001		19 Local income tax	20 Locality name

Copy C For EMPLOYEE'S RECORDS.

See Notice to Employee on back of Copy B.

OMB No. 1545-0048 18-0331890 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation	2 Federal income tax withheld
15977.38	1160.00
3 Social security wages	4 Social security tax withheld
0.00	0.00
5 Medicare wages and tips	6 Medicare tax withheld
0.00	0.00

c. Employer's name, address, and ZIP code

Mount Auburn Professional Service
330 Mount Auburn Street
Cambridge, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		J 103256.72
12b	12c	12d

b. Employer identification number: 043026897
d. Employee's social security number: 024-28-8555

13 Statutory employee	14 Other
X	

e. Employee's name, address, and ZIP code

Anthony P. Scapicchio
780 Boylston Street APT 6H
Boston, MA. 02199

Form W-2 MA 043026897 15977.38

Wage and Tax Statement

2002

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. (Rev. February 2002)

OMB No. 1545-0048 18-0331890 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation	2 Federal income tax withheld
15977.80	1160.00
3 Social security wages	4 Social security tax withheld
0.00	0.00
5 Medicare wages and tips	6 Medicare tax withheld
0.00	0.00

c. Employer's name, address, and ZIP code

Mount Auburn Professional Service
330 Mount Auburn Street
Cambridge, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		J 103256.72
12b	12c	12d

b. Employer identification number: 043026897
d. Employee's social security number: 024-28-8555

13 Statutory employee	14 Other
X	

e. Employee's name, address, and ZIP code

Anthony P. Scapicchio
780 Boylston Street APT 6H
Boston, MA. 02199

Form W-2 MA 043026897 15977.38

Wage and Tax Statement

2002

Copy B To Be Filed with Employee's FEDERAL Tax Return. (Rev. February 2002)

OMB No. 1545-0048 18-0331890 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation	2 Federal income tax withheld
15977.38	1160.00
3 Social security wages	4 Social security tax withheld
0.00	0.00
5 Medicare wages and tips	6 Medicare tax withheld
0.00	0.00

c. Employer's name, address, and ZIP code

Mount Auburn Professional Service
330 Mount Auburn Street
Cambridge MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		J 103256.72
12b	12c	12d

b. Employer identification number: 043026897
d. Employee's social security number: 024-28-8555

13 Statutory employee	14 Other
X	

e. Employee's name, address, and ZIP code

Anthony P. Scapicchio
780 Boylston Street APT 6H
Boston, MA. 02199

Form W-2 MA 043026897 15977.38

Wage and Tax Statement

2002

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. (Rev. February 2002)

OMB No. 1545-0048 18-0331890 Department of the Treasury—Internal Revenue Service

1 Wages, tips, other compensation	2 Federal income tax withheld
15977.38	1160.00
3 Social security wages	4 Social security tax withheld
0.00	0.00
5 Medicare wages and tips	6 Medicare tax withheld
0.00	0.00

c. Employer's name, address, and ZIP code

Mount Auburn Professional Service
330 Mount Auburn Street
Cambridge, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
		J 103256.72
12b	12c	12d

b. Employer identification number: 043026897
d. Employee's social security number: 024-28-8555

13 Statutory employee	14 Other
X	

e. Employee's name, address, and ZIP code

Anthony P. Scapicchio
780 Boylston Street APT 6H
Boston, MA. 02199

Form W-2 MA 043026897 15977.38

Wage and Tax Statement

2002

Copy C For EMPLOYEE'S RECORDS (See Instructions to Employees on back of Form W-2) (Rev. February 2002)